



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Tatum	Bette	-	422-7002
MAILING ADDRESS (Street)			FAX
1588 Piikea Street			422-2163
(City)	(State)	(Zip Code)	email bTatum@aol.com
Honolulu	Hi	96818	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Headquarters:		TELEPHONE
National Federation of Independent Business (NFIB)		202-554-9000
MAILING ADDRESS (Street)		FAX
1201 F Street N.W., Ste 200		202-554-9000
(City)	(State)	(Zip Code)
Washington	D.C.	20004
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Martyn Hopper, NFIB Regional Director		916-448-9909
MAILING ADDRESS (Street)		FAX
455 Capitol Mall, Ste 225		916-448-5442
(City)	(State)	(Zip Code)
Sacramento	CA	95814-4405

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

☒ Science, Technology &
Economic DevelopmentCommunications &
Public Utilities☒ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

☒ Labor & Employment

Transportation

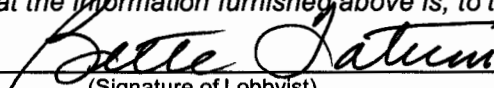
Culture, Arts, Historic
Preservation☒ HealthPlanning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*
(Signature of Lobbyist)*Dec 31, 2004*
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

*Martyr B. Hopper**Southwest Regional Director*

NAME OF ORGANIZATION (if applicable)

TELEPHONE

*National Federation of Independent Business**916.448.9904*

MAILING ADDRESS (Street)

FAX

*455 Capitol Mall, Suite 225**916.448.5642*

(City)

(State)

(Zip Code)

*Sacramento**CA**95814**I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*
(Signature of Authorizing Officer or Person Represented)*1/3/05*
(Date)